

APPLICATION FOR APPROVAL OF PLUMBING APPRENTICE SCHOOL

State Form 49995 (1-01)

INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204

Telephone: (317) 232-2980

Fax: (317) 232-2312

INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.

2. *No fee.*

3. Use a separate sheet of paper for additional subjects and hours.

Check one:

☐ New Application ☐ Annual Update

Name of school

Telephone number

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Bureau of Apprenticeship training number / program number (if applicable)

School Fax number	
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Name of manager or contact person

Address of school (*number and street*)

City

State

ZIP code

County

SCHOOL SUBJECTS

List each subject below.

Hours

NOTARY CERTIFICATE

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: _____ } **SS**
COUNTY OF: _____ }

Signature of manager / contact person

Signature of Notary Public

Printed or typed name of manager / contact person

Printed or typed name of Notary Public
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Date subscribed and sworn to Notary Public

County of residence

Date commission expires	
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